



LYNCHBURG Parks & Recreation SCHOLARSHIP APPLICATION

Application required for each person and program

PROGRAM NAME _____ COST _____

PROGRAM DATE _____ ACTIVITY # _____

Recipients are required to pay at least half of the program fee.

SCHOLARSHIP APPLICATION GUIDELINES:

Application recipient must:

1. Be a City of Lynchburg resident.
 2. a. Provide **evidence of financial need** such as the Virginia Cardinal Card or Medicaid Card, or
b. Provide a **short statement** of why you are applying for this scholarship.
- All scholarships are subject to availability of funds and will be awarded primarily on a first-come, first-serve basis for eligible applicants.
 - To encourage participation by a diverse population, previous recipients may not be considered for eligibility.
 - The City may be required to make information on this application available through the "Freedom of Information Act."
 - Certain programs may have a Scholarship limit.

**PLEASE GIVE A SHORT REASON WHY YOU ARE
APPLYING FOR THIS SCHOLARSHIP**

RECIPIENT: _____

AGE (If under 18 years old): _____

DAY PHONE () _____

WORK OR CELL PHONE _____

ADDRESS _____

LYNCHBURG, VA ZIP _____

PROGRAM AREA:

Arts _____ Aquatics _____
Athletics _____ Naturalist _____
YNS _____ Seniors _____

FOR STAFF USE ONLY

SCHOLARSHIP VERIFICATION

Date: _____

Previous Recipient: Y N

Program Cost \$ _____

Paid by recipient \$ _____

Receipt # _____

Amount Still Owed \$ _____

Scholarship
Awarded \$ _____

BALANCE \$ _____

Receipt # _____

Approved By _____

Date _____

Code _____

REASON FOR DENIAL:

Notified _____

I, the undersigned, have read this and understand all its terms.

Signature (If Child is the recipient a parent/guardian must sign for the child)

Date